

**APPLICATION FOR BURIAL FUND ASSISTANCE**

Name of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

IS the Deceased a Veteran? Yes\_\_\_\_\_No\_\_\_\_\_if yes, which branch\_\_\_\_\_

Tribal Affiliation\_\_\_\_\_

Date of Death:\_\_\_\_\_ Place of death:\_\_\_\_\_

Family Representative of Deceased:\_\_\_\_\_

What is your relationship to the deceased?\_\_\_\_\_

Address of family representative:\_\_\_\_\_ Cell/home phone number\_\_\_\_\_

Name of Funeral Home:\_\_\_\_\_ Phone Number\_\_\_\_\_

**I HEREBY AUTHORIZE THE FORT BELKNAP INSURANCE COMPANY (“FBICC”) TO MAKE ANY INVESTIGATION TO VERIFY THE ANSWERS I HAVE GIVEN. I CERTIFY THAT I HAVE READ THIS APPLICATION AND FULLY UNDERSTAND THIS APPLICATION AND ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT THE BURIAL FUND AND THE FBICC ARE NOT RESPONSIBLE FOR ANY DIRECT COSTS OF FUNERAL ARRANGEMENTS.**

Family Representative Sign and Date:\_\_\_\_\_

**AGREEMENT FOR DISTRIBUTION OF BURIAL FUNDS**

**By signing this agreement, the family representative is stating that he/she has been selected to represent the family of the deceased and is authorized to submit the desires of the family regarding funeral and burial preparations and this request. The provision of burial funds is limited to a one-time distribution of \$4,000.**

Arrangements for: \_\_\_\_\_  
Name of Deceased

➤ Family Representative \$500 \_\_\_\_\_  
Print Family Representative

➤ Funeral Home \$3200 \_\_\_\_\_  
Funeral Home

➤ Site Preparation \$300 \_\_\_\_\_  
Site Prep Provider

I agree that the Fort Belknap Burial Assistance Fund and the Fort Belknap Insurance Company are authorized hereby to pay out the amount set forth above. The named family representative has actively participated, requested the funds, and agrees with all terms and conditions contained herein.

Family Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fort Belknap Insurance Representative \_\_\_\_\_

**RELEASE OF INFORMATION**

**I, \_\_\_\_\_ HAVE APPLIED FOR BURIAL ASSISTANCE WITH THE FORT BELKNAP BURIAL ASSISTANCE FUND. BELOW IS THE NAME OF THE DECEASED FOR WHOM I AM APPLYING FOR ASSISTANCE.**

**NAME OF DECEASED \_\_\_\_\_**

**I CONSENT TO RELEASE ANY INFORMATION CONCERNING THE DECEASED INDIVIDUAL TO FORT BELKNAP INSURANCE COMPANY AND BURIAL ASSISTANCE FUND TO INCLUDE DETAILS OF FUNERAL SERVICES, DEATH CERTIFICATES, ETC.**

**I CERTIFY THE RELEASE OF INFORMATION.**

\_\_\_\_\_  
**Signature of applicant** **Date**

**BY SUBMITTING THE APPLICATION AND ACCEPTING THE FUNDS, I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS, AND PROMISE NOT TO SUE THE FORTH BELKNAP INSURANCE COMPANY AND BURIAL ASSISTANCE PROGRAM FROM ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION RELATED TO OR INVOLVING THE FUNDS DISTRIBUTED PURSUANT TO THE BURIAL PROGRAM.**